## Department of Administrative Services – Human Resources Enterprise (DAS-HRE) Internship Development Program Application

Name	Social Security #
last first mi Present Address	( )
Dormanant Address	phone
Permanent Address	phone
Education	
College/University	Major
Degree Program (circle one) A.A. B.A. M.A. PhD.	Completion Date
Coursework related to internship	
References	
Internship Instructions	
Submit this completed form plus a letter from your counse 2) if this internship is for credit towards a program or need and objectives for the internship.  This internship is for credit towards a degree program: Yes	ded for work experience. If for credit, outline the goals
This application is valid until your graduation date or until you notify D	DAS-HRE asking the application be withdrawn.
Date available to begin internship: Applie	can Signature
Date of application	
EEO/AA Data Survey lowa state government is committed to the principles of E To evaluate the success of our EEO/AA program, we m share some information about yourself to assist us in de evaluations and reporting requirements, and is removed PLEASE WRITE YOUR NUMBERED RESPONSES TO ITEMS A	nust collect information about job applicants. Please oing this. This information is used only for program before your application is processed.
A. What sex are you?  O. Male 1. Female	<ol> <li>Native American/Alaskan Native: Origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.</li> <li>Latino: Persons of Mexican, Puerto Rican, Cuban, Central regardless of race.</li> </ol>
B. Of which racial/ethnic group do you consider yourself a member?  O. White: Origins in any of the original peoples of Europe, North Africa, or the Middle East.  Black: Origins in any of the black racial groups.  Asian/Pacific Islander: Origins in the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands.	5. Declined to respond.  C. Do you have a disability that is a physical or mental impairment that substantially limits one or more major life activities; do you have a record of such an impairment; or are you regarded as having such an impairment?  No No 1. Yes 2. Declined to respond.

PLEASE COMPLETE REVERSE SIDE

Submit your completed application to: lowa Department of Administrative Services – Human Resources Enterprise Grimes State Office Building, Des Moines, Iowa 50319-0150

You may contact the Internship Program Coordinator by calling (515) 281-6480.